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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Lebanon

Proposed UNFPA assistance:	$4.5 million, $1.5 million from regular resources and $3 million from co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Second
Category per decision 2000/19	C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Government resources	Other	Total
Reproductive health	0.6	1.7	0.7	3.0
Population and development strategies	0.4	0.4	-	0.8
Advocacy	0.2	0.2	-	0.4
Programme coordination and assistance	0.3	-	-	0.3
Total	1.5	2.3	0.7	4.5

LEBANON

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	89	≥60
Contraceptive prevalence rate (%)[2]	53	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	--	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	25.5	≤65
Infant mortality rate (per 1,000 live births)[5]	29	≤50
Maternal mortality ratio (per 100,000 live births)[6]	100	≤100
Adult female literacy rate (%)[7]	77	≥50
Secondary net enrolment ratio (%)[8]	--	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1977, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	3.556	Annual population growth rate (%)	1.55
Population in year 2015 (000)	4,219	Total fertility rate (/woman)	2.18
Sex ratio (/100 females)	96	Life expectancy at birth (years)	
Age distribution (%)		Males	71.9
Ages 0-14	31.1	Females	75.1
Youth (15-24)	18.7	Both sexes	73.5
Ages 60+	8.5	GNP per capita (U.S. dollars, 1998)	3560

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support the Government of Lebanon in achieving its population and development goals over the period 2002-2006. UNFPA proposes to fund the programme in the amount of $4.5 million, of which $1.5 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $3 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's second programme of assistance to Lebanon, classified as a "Category C" country under the Fund's resource allocation system.

2. The proposed programme was developed in consultation with the Government. It is based on the United Nations Development Assistance Framework (UNDAF) and the findings and recommendations of the Country Population Assessment conducted during the period March-July 2001. The proposed programme also builds on the recommendations of the midterm review of the current country programme, conducted in July 2000, which identified priority areas for consideration in the proposed second programme of assistance. The programme is synchronized and harmonized with the programmes of UNDP and UNICEF and aims at promoting common programming and joint initiatives essential to fulfil overall UNDAF goals.

3. The proposed country programme takes into account the priority areas outlined in the policy statement the Government presented to Parliament on 31 October 2000, as well as the development challenges contained in the national agenda. In the context of population and development, these challenges include: bridging the regional gaps and disparities in access to basic social services; reforming the education and the health sectors; supporting liberated areas in South Lebanon; developing programmes and initiatives targeting youth; supporting the empowerment of women; protecting the environment; collaborating with non-governmental organizations (NGOs), the media and the private sector; fostering aid coordination; and building national capacity in the management of social development initiatives.

4. The goal of the proposed programme is to contribute to improving the quality of life of the Lebanese people by improving their reproductive health status, reducing gender gaps in socio-economic sectors, and achieving a balance between population dynamics and socio-economic development. This goal will be pursued through two subprogrammes covering reproductive health and population and development strategies. Advocacy and gender concerns will be mainstreamed into the two subprogrammes.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be carried out in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. The population of Lebanon was estimated at 3.5 million in 2000. The annual population growth rate was estimated at 1.5 per cent for the period 1970-1996. The crude birth rate has considerably declined since 1970, from around 35 per 1,000 population to 25 per 1,000 in 1996, and according to demographic estimates and population projections, this rate is expected to decline to 15.4 per 1,000 by 2021. Similarly, mortality levels declined in the past 30 years as the result of such factors as improved living conditions, increased efforts to establish sustainable social and health insurance systems, and improved access to preventive and curative health services, coupled with technological advances. Life expectancy at birth was estimated at 71.3 years in 1996 compared to 64 years in 1970.

7. There has been a sharp decline in total fertility in recent years: from around 5 children per woman in 1970 to 2.9 children per woman in 1996. Despite the increase in the rate of contraceptive use for all methods from 35 per cent in 1976 to 62.7 per cent in 2000, the marital age-specific fertility rates are still high. This implies that the effect of delayed marriage on fertility decline is much stronger than that of increased contraceptive use even though 99 per cent of women have reported knowing about at least one family planning method. The total fertility rate is expected to decline to 2.1 by the year 2021, which is close to the replacement level. The decline in fertility has translated into a decrease in the 0-14 age group and increases in the youth population (15-24) and elderly population (65 and older) as percentages of the total.

8. Available data indicate that 89 per cent of deliveries are attended by health-care professionals and that 94.9 per cent of women receive health care during pregnancy. The rate of Caesarean section is quite high, at 17 per cent of all deliveries. The maternal mortality ratio declined from 128 per 100,000 live births during the period 1971-1982 to 104 per 100,000 in 1994. The infant mortality rate was estimated at 26 per 1,000 live births in 2000, with regional disparities ranging from a low of 19 per 1,000 in the governorate of Mount Lebanon to a high of 40 per 1,000 in the governorate of the South. By early 2001, data on HIV/AIDS revealed that 78.3 per cent of those infected were men and 21 per cent were women, most aged 31-40 years; 1.4 per cent of the cases were the result of mother-to-child transmission while more than two thirds of the cases had been transmitted through sexual relations.

9. Around 95 per cent of the population have access to basic health-care services. This is due to the availability of 168 secondary and tertiary care centres in addition to approximately 850 primary health-care centres across the country, of which 430 centres provide one or more elements of reproductive health services. The quality of these services is, however, questionable in some areas because of the absence of quality-of-care standards, poor supervision, unavailability of full-time service providers, and lack of a full range of services, including laboratory tests. It is estimated that only 15 per cent of the population utilize these public-sector

health services while the private sector provides services to 85 per cent of the population, offering a full range of obstetric and gynaecological services, without, however, a comprehensive reproductive health perspective, protocols and norms, monitoring of quality of care, standardized services, or coordination and exchange of expertise.

10. The national health-care system, driven by the private sector, favours equipment and curative and tertiary services rather than preventive care. There is a need to develop a national and comprehensive health policy to address the high level of expenditures; fragmented, inefficient resource allocation and service delivery; excessive investment in curative care; and high out-of-pocket costs. Financing of the health sector in Lebanon is characterized by a multiplicity of subsidizers of the system and minimal coordination due to lack of a reliable health information system. Under existing conditions, a major challenge is the inequity among different social groups and geographic regions in seeking health care.

11. Net school enrolment rates at all levels have improved during the period 1970-1996. Net enrolment in primary school during 1997-1998 was 98.3 per cent for females and 98.4 per cent for males. Data indicate that female illiteracy rates for the population age 15 and older is 15.4 per cent, double that of males, with large regional disparities.

12. Young persons in Lebanon have been immensely affected by the civil war and occupation, the subsequent period of reconstruction and development, societal changes brought about by new ideas and attitudes of Lebanese citizens who had migrated during the war and are now returning to the country, the influx of migrants from other countries seeking work in Lebanon, and the dizzying speed of modernization and globalization. This has led to a rapid shift in norms and values of adolescents towards a more liberal orientation, within a fairly conservative society. Studies on youth health, and in particular reproductive health, reveal that Lebanese youth are exposed to unsafe practices, which have such consequences as unplanned pregnancy, sexually transmitted infections (STIs) and abortion. Currently, reproductive health-related services do not exist to meet the special needs of youth. In the absence of a national strategy for information provision and counselling on reproductive and sexual health, health and environment concepts were introduced in 2001 in the basic and secondary public school texts along with capacity-building initiatives for teachers. Despite many defects, this curriculum probably represents the sole source of health information and education for students.

13. Concerning the situation of women in Lebanon, unquestionable progress has been made in education, health, employment and nutrition. Women are able to seek care, including family planning services, without authorization from their husbands. Nevertheless, the gender task force of the Common Country Assessment (CCA) in 2000 identified critical gender gaps and disparities in terms of equality under the law, participation in political and public life, economic and labour force participation, and education. Efforts are being made to involve women in programme planning and implementation, in formulating relevant policies and strategies, in

advocacy and sensitization for decision makers, in expansion of a strategic partnership network, and in addressing the gap in gender-sensitive quantitative and qualitative data. Gender empowerment at decision-making levels lags behind the achievements of women in terms of school enrolment and number of graduates at the tertiary level.

14. Although overall ICPD and ICPD+5 indicators demonstrate that Lebanon has made significant progress in meeting and/or exceeding the related thresholds, there still exist wide disparities among governorates with regard to certain indicators, especially female literacy, total fertility rates, contraceptive prevalence rates, and deliveries attended by trained health-care professionals. Disaggregated data reveal serious disparities among regions and different social groups, with distortions in access to basic social services among regions and in the quality of services between densely populated areas and remote rural areas. These regional disparities also show up in the uneven distribution of accessible and appropriate basic health services and preventive health-care programmes, including reproductive health.

15. One of the key issues identified in the UNDAF is that population concerns are not integrated into national and sectoral planning because the linkages between population and socio-economic development are not adequately understood. The UNDAF and CPA also identified the absence of a national statistical framework to make available reliable data essential for policy making, planning and programming. There is a need for a system that adopts common definitions, employs user-friendly tools and ensures flow of data between producers and users.

Previous UNFPA assistance

16. The first programme of assistance to Lebanon (1997-2001) was approved in the amount of $3.5 million, of which $2.5 million was to be programmed from regular resources and $1 million from multi-bilateral resources. The programme succeeded in mobilizing an additional $2.5 million from government resources and $1 million was sought from other sources (the United Nations Foundation), for a total of $6 million. One of the key achievements of the programme was the government commitment to ICPD goals and sustainability of population programmes through the earmarking of domestic funds to match regular funds. In addition, a solid foundation was laid for undertaking the second programme. However, the programme encountered several political, administrative and managerial constraints.

17. In the area of reproductive health, the first country programme in Lebanon contributed to the articulation of a draft national reproductive health strategy. The Ministry of Public Health has succeeded in enrolling 450 primary health-care centres nationwide into the programme, offering varying degrees of reproductive health services. UNFPA support contributed to physical rehabilitation of around 30 primary health-care outlets in order to ensure beneficiaries' privacy and counselling needs and to the provision of medical equipment and contraceptive supplies. Quarterly reports by the Ministry of Public Health on UNFPA-supported reproductive

health activities reveal an increase in the number of clients and of visits made to the health-care centres. This can be attributed to an increase in number of enrolled outlets, near-free disbursement of contraceptives and essential drugs, the elevated medical costs in the private sector, lack of medical coverage, and reported client satisfaction with reproductive health services in the programme outlets. Standard clinical operating protocols, service delivery procedures, service management procedures and training modules were developed and pilot tested among 150 service providers and health outlet managers. However, efforts need to be continued to further integrate and expand quality reproductive health services.

18. A reproductive health information system was initiated in 10 per cent of primary health-care centres through training of health-care providers and development of a monitoring system to ensure efficient and accurate reporting. The programme also developed and pilot-tested information, education and communication (IEC) materials. Approximately 600 service providers and managers were trained in reproductive health issues, information dissemination and counselling techniques. A media awareness campaign targeting youth was developed and will be implemented in three under-served areas (Akkar, South Lebanon and a Beirut suburb) to raise awareness and provide information to youth on sexual health.

19. In the area of population and development strategies, UNFPA supported in-depth socio-economic and demographic studies that were published and disseminated to policy makers, researchers, academicians and others. This led to the formulation of a national population policy by a team of national experts, with the support of the National Permanent Population Committee (NPPC) and its technical secretariat. The population policy was revised and modified based on feedback from consultations with various stakeholders. In September 2001, the Council of Ministers "took note of the national population policy" and agreed to the need to develop a plan of action to integrate population, gender and development into sectoral planning and programming. Sporadic advocacy activities were carried out in the form of seminars and media programmes to raise awareness on the principles, aim, scope and content of the population policy. In addition, limited support was provided by UNFPA to strengthen the capacity of the technical secretariat through training provided by the Country Technical Services Team (CST) in Amman, Jordan, in population projections and analysis, and through fellowships for some staff.

20. Among key lessons learned during the first country programme was the need to gain political commitment to population and development at the national level, in particular by encouraging ownership and sustainability of population and reproductive health programmes through a cost-sharing modality using domestic resources. Developing an advocacy strategy is fundamental for the creation of a supportive environment for adopting and implementing population and reproductive health programmes. Equally important is adopting a focused approach in reproductive health by concentrating assistance in under-served areas and limiting interventions to a smaller number of primary health-care outlets with an integrated and holistic approach to quality reproductive health services.

21. The midterm review pointed out several constraints that hindered the efficient and smooth implementation of the previous country programme: shortage of reliable data, lack of a clear policy on social development, shortage of trained staff, inadequate absorptive capacity, absence of an effective advocacy component, absence of an overall coordination mechanism at the policy and implementation levels, limited functioning and capacity of the NPPC and its technical secretariat, and lack of commitment to provide the technical secretariat with appropriate technical expertise.

Other external assistance

22. UNFPA is the primary source of external funding in the areas of population and reproductive health in Lebanon. Most important is the role of UNFPA in building national capacity in the management and implementation of reproductive health programmes and projects. WHO, UNICEF and UNDP are also involved in supporting related interventions. For example, UNICEF supports the promotion of safe motherhood through capacity building, improved quality of care and awareness activities; UNDP supports a youth reintegration project in South Lebanon; and WHO provides assistance for a school health programme and for the integration of health and environment into the school curricula and into school club activities and also supports the National AIDS Programme. The International Planned Parenthood Federation has been a longstanding provider of funds to local NGOs.

Proposed programme

23. The proposed programme will adopt a multifaceted strategy in addressing population and reproductive health needs in support of the country's rehabilitation and development process at the national and regional levels, including the rehabilitation of the liberated areas in South Lebanon. UNFPA will focus on helping to improve the availability of quality reproductive health services. Given the significant regional disparities in equity and access to basic social services, the programme will focus its reproductive health services in the under-served areas of Baalbeck/Hermel, Akkar and the liberated areas of South Lebanon. The interventions will aim to improve coverage, utilization and quality of integrated reproductive health services and information within a primary health-care context, with a major focus on youth reproductive health. At the national level, UNFPA assistance will support the implementation of the IEC strategy produced under the first country programme, with emphasis on youth reproductive health concerns, operationalization of protocols and guidelines, and development of human resources. Moreover, the programme will contribute at the national level to increasing the availability of population-related data disaggregated by sex and region and to enhancing government effectiveness in the area of population and development through institutional capacity building and integration of population and gender dimensions into sectoral planning and programming.

24. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to increased utilization of quality reproductive health services and information by men, women and youth. The first output would be increased availability of quality integrated reproductive health services and information in the three target areas mentioned above, where 50 centres will be selected based on a set of health, socio-economic and demographic indicators. These centres will be strengthened by integrating a comprehensive reproductive health package into primary health-care services, including such essential services as family planning, antenatal care, postnatal care, prevention and management of reproductive tract infections (RTIs), including STIs and HIV, and adolescent reproductive health counselling.

25. These 50 centres will be in addition to the 150 centres supported under the previous programme, in all six governorates, which will continue providing services while focusing on the basic package and benefiting from the planned logistics system and national capacity-related activities. In addition, the referral system, emergency obstetric care (EOC) and safe delivery will be strengthened through support to two maternity wards at two government hospitals in Baalbeck/Hermel and Tripoli. In addition, efforts will be made to reinforce women's participation in decision-making about their fertility behaviour to reduce high-risk pregnancies, with emphasis on improving counselling services, IEC activities and increasing male involvement. Support will include provision of limited maternity supplies, essential drugs and training of staff.

26. To achieve the first output, key activities will include: (a) operationalizing reproductive health protocols and procedures; (b) providing in-service training to health-care service providers (600 to 800 physicians and midwives) in clinical skills, counselling and interpersonal communication; (c) establishing a referral system for EOC; (d) conducting IEC activities and awareness programmes at health outlets and for the community at large in target areas; (e) ensuring a suitable environment to encourage men to utilize available services; (f) strengthening management capacities; (g) developing a contraceptive commodity logistics and management strategy; and (h) undertaking selected operational research studies in specific areas.

27. The second output of the reproductive health subprogramme would be increased availability of information and enhanced awareness of youth about reproductive and sexual health issues. While this output targets youth in general, it will specifically address youth at high risk and those living in underserved and marginalized areas, especially South Lebanon. This output will address the needs of young people through outreach activities, clinic-based integrated RTI treatment, family planning, peer counselling, peer education, youth group networking, formal school curricula, and extra-curricular and out-of-school programmes. Collaboration with WHO, UNICEF and UNDP will be sought in this last area. UNFPA will focus on introducing, on a pilot basis, population education, including reproductive health and gender issues and concepts, among others, within middle school curricula. This output will require involving

influential figures and siblings of youth. It will also aim to provide optimal, culturally sensitive information. In addition, achieving this output will involve close cooperation with the National AIDS Programme in production of materials and information dissemination on STI and HIV prevention.

28. This output will: (a) operationalize the IEC strategy by translating it into activities (outreach, media campaigns and others) aimed at raising awareness of high-risk behavioural issues and by emphasizing counselling; (b) produce and disseminate IEC materials and programmes in both the formal and informal education sectors; (c) build human resources and institutional capacity; and (d) establish a coordination mechanism with the National AIDS Programme.

29. The amount of $3.0 million would be allocated to the reproductive health subprogramme, of which $600,000 would be from UNFPA regular resources and $2.4 million would be sought through co-financing modalities and/or other resources. To date, $1.0 million has been earmarked from the Government through the Ministry of Public Health for these initiatives. Preliminary negotiations with the Government also promise to yield an additional $700,000.

30. Population and development strategies. The population and development strategies subprogramme will contribute to the integration of population, gender and reproductive health dimensions into national and sectoral development planning. Three outputs are anticipated. The first would be the creation of a supportive environment for the integration of population and gender dimensions into sectoral planning and programming. To achieve this, key activities will include: (a) developing technical guidelines to ensure integration of population and gender concerns into sectoral strategies and plans; (b) institutional capacity building and training in population and development concepts and issues; and (c) developing and operationalizing a coordination and monitoring mechanism at the NPPC for the implementation of the national population policy and plan of action.

31. The second output would be increased availability of population-related data disaggregated by region and sex. Key activities would include: (a) capacity building of the staff of the Central Administration of Statistics, relevant ministries and public administrations in data collection, processing, analysis and projection, with capacity to undertake periodic updates of demographic, reproductive health and gender indicators; (b) establishing a monitoring and follow-up mechanism among various statistical units; (c) undertaking a Pan Arab Family Health (PAPFAM) survey in the context of the multi-purpose survey to be carried out in 2002; (d) establishing a population databank, whose data would be regularly updated and disseminated through the creation of a network of users and producers; and (e) undertaking in-depth and specialized studies in priority population and development areas, including baseline surveys in target areas.

32. The third output relates to advocacy and would include increased understanding of priority population, reproductive health and gender issues contained in the national population policy among policy makers, parliamentarians and opinion leaders. Key activities will include: (a) developing an advocacy strategy and launching advocacy initiatives to sensitize decision makers, community and religious leaders, the media, youth and women's groups and others in population, reproductive health and gender issues; (b) establishing a partnership with the media to enhance their capacity to understand and thus advocate for population and development linkages; and (c) supporting the reactivation of the Population and Development Committee in Parliament to increase awareness and thus lobby for legislation on priority issues in population, reproductive health and gender. It is expected that the implementation of the advocacy component will contribute to ensuring interlinkages between the two subprogrammes.

33. The amount of $1.2 million would be allocated to the population and development strategies subprogrammes, including advocacy, of which $600,000 would be from regular resources and matching funds would be sought from government resources. The Ministry of Social Affairs has expressed its readiness to earmark $600,000 for the population and development subprogramme.

Programme implementation, coordination, monitoring and evaluation

34. The proposed programme will be implemented by the Government in partnership with various stakeholders (public entities, civil society and relevant United Nations agencies). Programme execution will involve concerned government ministries, relevant United Nations agencies, academic institutions and local NGOs. The technical and managerial capacity of local and public institutions will be enhanced through training. UNFPA will draw on local experts and international experts (if needed) for provision of technical assistance. The CST will continue to play an important role in providing technical backstopping to the programme. The proposed programme will be coordinated with the assistance of the Council for Development and Reconstruction. In addition, a national steering and coordination committee for reproductive health will be established.

35. In line with UNFPA programming guidelines, the programme will be monitored continuously by the implementing and executing agencies and the UNFPA country office. Field monitoring visits, annual programme reviews, subprogramme reviews, a midterm review and end-of-programme/project evaluation will be conducted. Evaluation will be an integral component of the programme and will be carried out in conformity with the perspectives of results-based management and the multi-year funding framework. The PAPFAM survey planned for 2002 will provide baseline indicators for measuring programme goals and outputs.

36. The UNFPA country office is composed of a UNDP/UNFPA Representative, an Assistant Representative and two support staff. Current staffing capacity will be strengthened by

considering the appointment of two national professional project personnel for the population and development strategies and the reproductive health subprogrammes. A country director will be assigned during the period of the proposed programme. Under the programme, the amount of $300,000 from regular resources would be used for programme coordination, including support of Resident Coordinator system-related activities.

Recommendation

37. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Lebanon, as presented above, in the amount of $4.5 million for the period 2002-2006, $1.5 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $3.0 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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